

CAH Quality Update

September 9, 2014

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Arkansas Foundation for Medical Care



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Measure Collection

Quality Reporting for Critical Access Hospitals



Medicare Beneficiary Quality Improvement Program (MBQIP)

Phase 1 - Inpatient

- Heart Failure
- Pneumonia

Phase 2 – Outpatient measures & HCAHPS

- Acute MI
- Chest Pain
- SCIP

Phase 3

- ED Transfer Communication Measures
- Pharmacist CPOE/Verification of Medication Orders within 24 Hours



MBQIP

ED Transfer Communication Measures

*Nurse to Nurse Communication	* Physician to Physician Communication	*Patient Name	* Patient Address
*Patient Age	* Patient Gender	*Patient Contact Information	* Patient Insurance Information
* Pulse	*Respiratory Rate	*Blood Pressure	*Oxygen Saturation
* Temperature	*Neurological Assessment	*Medications Administered in ED	*Allergies/Reactions
*Home Medications	*History and Physical	*Reason for Transfer/Plan of Care	*Catheters Immobilizations
*Respiratory Support	*Oral Restrictions	*Tests/Procedures Performed	*Tests/Procedure
Results*Nursing Notes Sensory Status (formerly Impairments)			

Collected by iVantage

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ED Transfer Communication Measures

4Q13 – 5 CAH's reported

1Q14 – 11CAH's reported to date

2Q14 – 3 CAH's reported to date



MBQIP

Pharmacist CPOE/Verification of Medication Orders within 24 Hours

- **Numerator** is the number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours – based on the pharmacist coverage hours
- **Denominator** would still be reported as the total number of electronically entered medication orders for inpatients admitted to a CAH (acute or swing-bed) during the reporting period.
- **Inclusion Criteria:** *Inpatients admitted to acute care bed, swing bed; observation patients*
- **Exclusion Criteria:** *Outpatients; ED patients*
- **Collected by**

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Pharmacist CPOE Verification of Medication orders W/I 24 Hrs.

4Q13:

- October: 7 CAH's reported
- November : 7 CAH's reported
- December: 8 CAH's reported

total numerator 27853
 total denominator 28363
 98.20%

1Q14:

- January: 8 CAH's reported
- February: 8 CAH's reported
- March: 8 CAH's reported

total numerator 38936
 total denominator 40144
 96.99%

2Q14:

- April: 8 CAH's reported
- May: 8 CAH's reported
- June: 8 CAH's reported

total numerator 20006
 total denominator 20797
 96.19%



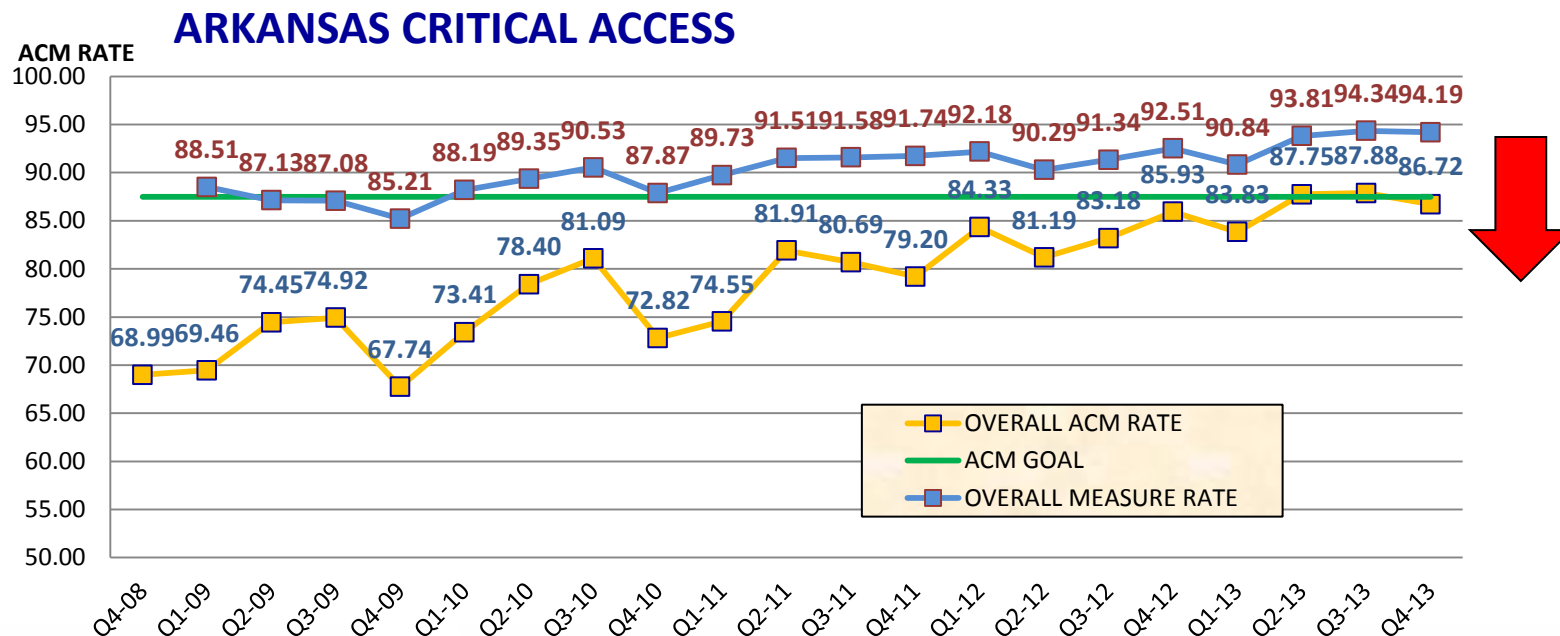
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Measure Performance

Quality Performance for AR Critical Access Hospitals



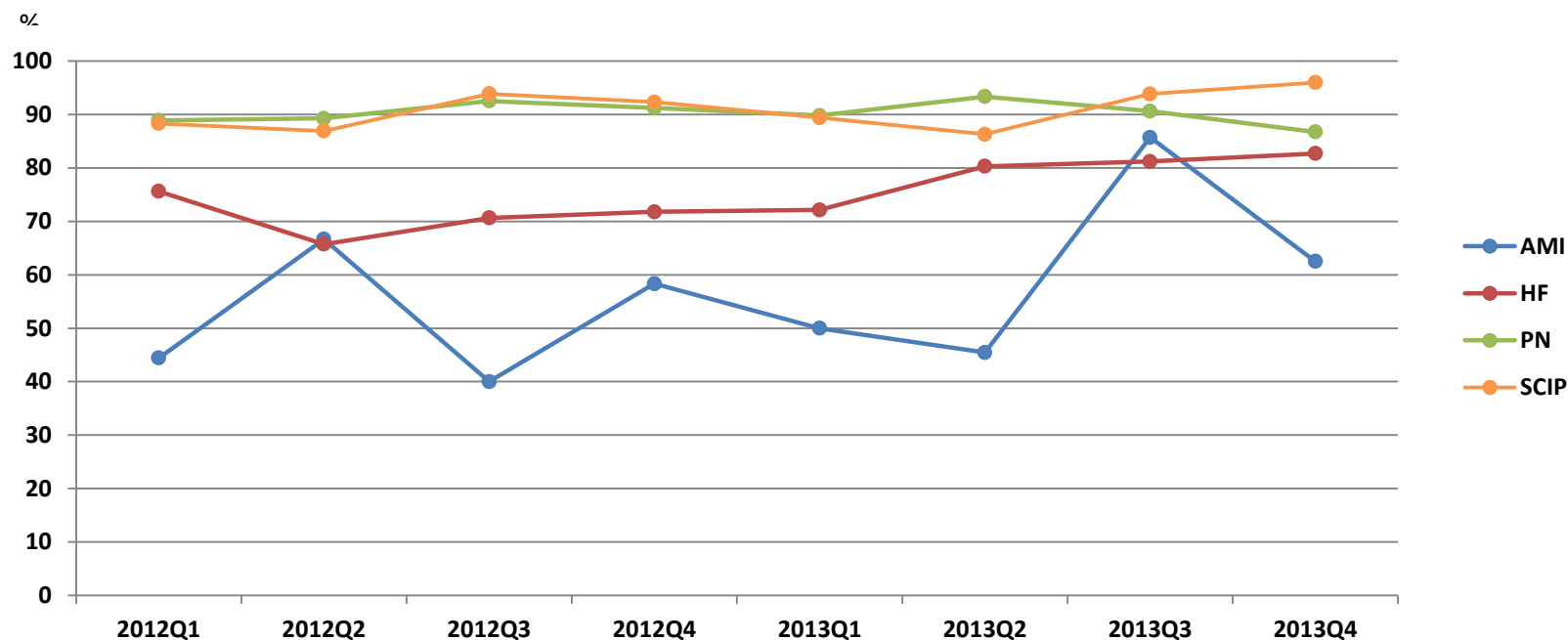
CAH State IP Performance 4Q13



Includes:

MBQIP measures: HF & PN &
Non MBQIP measures: AMI & SCIP

CAH State IP Performance 4Q13




MBQIP Measure: **PN - 6 - Antibiotic Selection Consistent with Guidelines 87.20%**

Non MBQIP Measure: **AMI - 5 - Beta-blocker at Discharge 50%**

MBQIP IP Performance 4Q13

IP	MBQIP Quality Measures 4Q13	State Average Current Quarter 4Q13	National Average Current Quarter 4Q13
HF-1	Discharge instructions	95%	86%
HF-2	Evaluation of LV function	87%	87%
HF-3	ACEI or ARB for LVSD	93%	89%
PN-3b	Blood cultures performed in ED prior to initial antibiotic received	93%	95%
PN- 6	Antibiotic selection for CAP in immunocompetent patient	87%	89%

MBQIP OP Performance

OP	MBQIP Quality Measures	State Average 3Q14	State Average 4Q13	Your State Performance Aggregate Rate for All Four Quarters
OP-1	Median Time to Fibrinolysis	50 Minutes	30 Minutes	36 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	17% (5 out of 6 pts did not receive timely Fibrinolytic therapy)	50% (9 out of 18 patients did not receive timely Fibrinolytic therapy)	41% (32 out of 54 patients did not receive timely Fibrinolytic therapy)
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	100 Minutes (90 min door to balloon)	62 Minutes 	102 Minutes based on 43 patients
OP-4	Aspirin at Arrival	95%	94%	93% of 681 patients
OP-5	Median Time to ECG	10 Minutes	10 Minutes	11 Minutes based on 713 patients
OP-6	Timing of Antibiotic Prophylaxis	82%	100%	86% of 99 patients
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	91%	94%	95% of 121 patients

Measure Improvement

Quality Improvement for AR Critical Access Hospitals



Quality Improvement for STEMI!



TIMELY STEMI CARE!



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TIMELY STEMI CARE

Measure:

Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

- 59% of STEMI patients cared for at AR CAH ED's in 2013 did not receive timely Fibrinolytic therapy

“Nearly 2 lives per 1,000 patients are lost per hour of delay” (Fibrinolytic Therapy Trialists' Collaborative Group, 1994)



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TIMELY STEMI CARE

Measure: Median Time to Transfer to Another Facility for Acute Coronary Intervention

- AR CAH's average transfer time of 102 Minutes based on 43 STEMI patients in 2013 (12 min after recommended balloon time)
- Transport time?
- Prep time?
- Actual intervention time?

"The early use of primary angioplasty in patients with ST-segment myocardial infarction (STEMI) results in a significant reduction in mortality and morbidity. The earlier primary coronary intervention is provided, the more effective it is" (Brodie, 1998 and DeLuca, 2004)

"Current recommendations support a door-to-balloon time of 90 minutes or less" (Krumholz, 2008).



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Quality Improvement for STEMI!

Keys for success:

- Have a STEMI protocol
- Administrative support
- Physician champion
- Front line staff involvement
- Review current process & Drill down on missed opportunities
- Build new and improved processes
- Continuous and concurrent review of processes and performance





AMERICAN HEART ASSOCIATION MISSION: LIFELINE™ ARKANSAS

INAGURAL STATEWIDE STEMI SYSTEM OF CARE MEETING



**American
Heart
Association®**

**MISSION:
LIFELINE™**

heart.org/missionlifeline

September 22, 2014, 2:00 PM – 4:00 PM

Arkansas Foundation for Medical Care Office

1020 W. 4th Street, Suite 300, Little Rock

Little Rock, Arkansas

2:00 pm - 2:10 pm Introductions

2:10- 3:00 pm Mississippi's statewide STEMI initiative (Dr. Harper Stone)

3:00 pm- 3:30 pm Steps for Mission: Lifeline Participation and Recognition (Loni Denne, RN)

3:30 pm – 4:00 pm Where we are and where we are going

Protocol Committee (Dr. Barry Tedder and Mack Hutchison)

Next steps (Cammie Marti)

AMERICAN HEART ASSOCIATION MISSION: LIFELINE™ ARKANSAS

INAGURAL STATEWIDE STEMI SYSTEM OF CARE MEETING



Mission: Lifeline contact : Cammie Marti, RN, MPH, PhD
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American Heart Association

Mission: Lifeline

Meeting information:

- Anyone interesting in attending meetings or needing more information regarding the program should contact Cammie Marti @ cammie.marti@heart.org or www.heart.org/Fayetteville
- Registration link provided on the September 22nd agenda

AFMC disclosure:

- Information is provided as a resource for critical access hospitals
- AFMC supports the efforts toward an Arkansas STEMI systems of care, but does not control this program as all stakeholder meetings and advisory groups are organized under the auspices of the American Heart Association.
- All parties become involved under their own decision



Moving forward 2014 & 2015

- Consistent quarterly reporting of current quality measures
- Focus on performance improvement with greater emphasis on OP AMI/Chest Pain performance improvement
- Working toward reducing unnecessary readmissions

Questions?

Contact

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